Utah Substance Abuse Prevention

Guiding Principles

Throughout the State of Utah, numerous resources have been set in place, are being developed and combined to address the ongoing battle against substance abuse. The following document outlines Principles and Guidelines for Substance Abuse Prevention, and is designed to help ensure resources are being used appropriately and that a clear and consistent message is being provided in our communities. This document was created in partnership with the Utah Prevention Network, the Division of Substance Abuse and Mental Health, and the Utah State Office of Education.

Much of this information was taken from the Substance Abuse and Mental Health's (SAMHSA) National Clearing House for Drug and Alcohol Information and "Preventing Drug Abuse among Children and Adolescents", a research guide provided by National Institute of Drug Abuse (NIDA).

Before the implementation of any program or activity, it is important to contact the Substance Abuse Prevention Coordinator in your area, or contact the Safe and Drug Free School Coordinator from your school district. Consulting with these experts will help ensure an appropriate and consistent message will be delivered in your community.

Link for Prevention Coordinators

http://www.hsdsa.state.ut.us/locationsmap.htm

Link for Safe and Drug Free School's Coordinators:
www.utahpd.org

Principle One

Prevention Programs Are To Do No Harm

*The basis of all Prevention principles and guidelines is one major goal :
"Do no harm."*

The No-Harm Checklist: For help in avoiding common errors when creating prevention materials please log onto: http://www.health.org/govpubs/ms497

> **Public Health Principle:**
>
> Do not unintentionally glamorize or glorify the use of alcohol, tobacco, and other drugs .
> (SAMHSA)

Many prevention materials detail the effects the drug has on the user. Even though most prevention materials focus on the negative effects, these may be perceived as scare tactics; additionally even a brief description of a drug's positive or euphoric effects might attract a potential user. Do not dramatize alcohol, tobacco, or other drug use (ATOD). Illustrating use of ATOD is not an effective way to prevent its use and should be avoided. Even though your materials are designed to prevent alcohol, tobacco, and other drug use, your reader may perceive that you are condoning drug use.

Using scare tactics or using people in addiction recovery who tell their story does not work with adolescents and may inadvertently cause harm. Scare tactics are not effective and may desensitize some audience members to the very issue the prevention program is trying to address. Often, adolescents have a sense of invincibility. They think they can receive the effects of drugs but be able to avoid the short and long term negative consequences.

> **Public Health Principle:**
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> Materials targeting youth should not use recovering addicts or alcoholics as role models.
> (SAMHSA)

The psychological, cognitive, and emotional development of the audience must be considered as well as language and cultural issues. It is equally important to understand how a program may be appropriate for one given population but may cause harm to another. What may be thought provoking and impactful to an adult may be interpreted by high-risk adolescents as exciting and alluring.

Furthermore, the **Institute of Medicine** describes the *audience* for which prevention programs are designed:

- *Universal* programs are designed for the general population, such as all students in a school.

- *Selective* programs target groups that are high risk.

- *Indicated* programs are designed for people already making high risk choices with substances.

> CAUTION: A number of celebrities who have had problems with alcohol or other drugs are eager to use their celebrity status to help others. But the message the celebrity intends to convey may not be the message that teenagers and preteens receive. While the celebrity may be saying, "Don't do it," the youth are hearing, "I did it, and I'm okay now".

Principle Two

Prevention Programs Should Increase Protective Factors and Decrease Risk Factors

"Prevention Programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness." (Oetting et.al 1997)

The prioritization of risk and protective factors should be based on a thorough community assessment using survey and archival data. Care should be given to deliver unduplicated services and to collaborate with existing prevention programs and resources. Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors (Hawkins et al. 2002).

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> **Risk and Protective Factor Information:**
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> For more information on Hawkins and Catalano's Risk and Protective Factor Theory, please log onto:
> http://captus.samhsa.gov/
> western/resources/bp/step4/
> bprf.cfm

NOTE: For your community risk and protective factors and the latest contact of your local Prevention Coordinator please log on to: http://www.hsdsa.state.ut.us/

Principle Three

Delivery of Clear Messages

Make it clear that all illegal and unwise drug use is unhealthy and harmful for all.

In an attempt to be "realistic," many prevention materials acknowledge illegal drug use as a "fact of life." Even though the ultimate intention may be to prevent this kind of behavior, this acknowledgment will be read by some to mean that such drug use is "normal." All prevention materials should take a clear stand against:

Public Health Principle:

When focusing on persons under 21 years of age, pregnant women, recovering alcoholics or persons taking prescription or non-prescription drugs, give a clear message of no alcohol use. (SAMHSA)

- The use of any legal* drug, including alcohol by individuals underage for its use.

- The use of any illegal drug.

- The use of a legal* drug for a purpose other than its prescribed use and prescribed amount.

- The use of any product or substance that can produce a drug-like effect

- Tobacco use at any age.

- Any alcohol use by pregnant women.

- The illegal or unwise use of a legal drug.

NIDA Principle:

Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs (Johnston et al. 2002).

*Even though alcohol consumption and tobacco use are legal for individuals who are 21 or older, this does not mean that these practices have no adverse consequences. Even small amounts of alcohol, tobacco, and other drugs increase injury or health risks.

Give a clear message that "risk is associated with using any form or amount of alcohol, tobacco, or other drugs.

Principle Four

Prevention Programs and Activities Should be Part of a Comprehensive, Long-Term, Prevention Effort.

"Community prevention programs that combine two or more effective programs...can be more effective than a single program alone" (Battistich et al. 1997).

NIDA Principle:

Community prevention programs reaching populations in multiple settings—for example schools, clubs, faith based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting (Chou et al. 1998).

The prevention effort in Utah is a comprehensive approach that includes delivery of a consistent, community-wide message delivered in multiple ways to reach the entire population. We recognize that no one program or any one-time event will be enough to address alcohol, tobacco and other drug problems.

Utah's "Prevention Dimensions" (www.utahpd.org) is a prevention program available to every schoolteacher in the State of Utah. This program helps ensure a clear, consistent prevention message is delivered throughout a students entire K – 12 schooling. Any prevention program or activity in the school setting will be most effective if the program reinforces Prevention Dimensions principles and lessons.

Utah's prevention network includes 13 Local Authority Districts, each with a coordinator who assesses needs and implements prevention services. To join the coalition in your area, or for technical assistance for prevention programs, see http://www.hsdsa.state.ut.us/ for prevention center's contact information.

NIDA Principle:

Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. The benefits from middle school prevention programs diminish without follow-up programs in high school (Scheier et al. 1999).

Prevention programs can be designed to intervene as early as *preschool* to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties (Webster-Stratton 1998; Webster-Stratton et al. 2001).

Principle Five

Research-Based Prevention Programs and Activities Should be Used and Implemented with Fidelity. Efforts Should be Made to Evaluate .

"Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other substance abuse can be seen." (Aos et al 2001; Hawkins et al 1999; Pentz 1998; Spoth et al 2002)

If something does not work, we do not want to repeat it. Conversely, if something does work, we want to know not only how well, but why it worked so we can do it again.

NIDA Principle:
Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role playing, that allow for active involvement in learning about drug abuse and reinforcing skills. (Botvin et al. 1995)

There are several reasons for conducting evaluations of programs:

1. To determine the effectiveness of programs for participants

2. To document that program objectives have been met

3. To provide information about service delivery that will be useful to program staff and other audiences

4. To enable program staff to make changes that improve program effectiveness

5. Funding agencies require it.

When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention (Spoth et al 2002) which include:

- Structure (how the program is organized and constructed)

- Content (the information, skills, and strategies of the program)

- Delivery (how the program is adapted, implemented, and evaluated).

REFERENCES AND WEBSITES

SAMHSA (http://www.health.org/govpubs/ms497),

NIDA (http://www.drugabuse.gov/Prevention/Prevopen.html)

PREVENTION DRUG ABUSE AMONG CHILDREN AND ADOLESCENTS, A RESEARCH GUDE: http://www.drugabuse.gov/Prevention/Prevopen.html

STATE OF UTAH, DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH: http://www.hsdsa.state.ut.us/index.asp

PREVENTION DIMENSIONS: www.utahpd.org

Center for Substance Abuse Prevention (CSAP)
Substance Abuse and Mental Health Services
Administration (SAMHSA), DHHS
Phone: 301-443-9110
www.prevention.samhsa.gov

Aos, S.; Phipps, P.; Barnoski, R.; and Lieb, R. *The Comparative Costs and Benefits of Programs to Reduce Crime. Volume 4* (1-05-1201). Olympia, WA: Washington State Institute for Public Policy, May 2001.

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